

## RECORD/DOCUMENT LOSS REPORT

### Service Recipient Demographics

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Residential Setting (At Home, CTH I, etc.): \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Medicaid Recipient: ☐ YES ☐ NO  
Minor: ☐ YES ☐ NO  
Adjudicated Incompetent: ☐ YES ☐ NO ☐ NA  
Legal Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

### Report of Circumstances \*\*\*Has SCDDSN Privacy Officer been notified?\*\*\*

On p.2, identify the document(s) that was lost. If an entire case record was lost, describe in detail the contents (Do not itemize documents.) of the record(s) that was lost and the circumstances during which it was lost. In the report, please address the following and any other information you feel to be important.

Date of record loss or an estimate if unknown. Date the loss was discovered.

Name and position title of person responsible for the record at the time of loss

Has your agency assigned responsibility for management and accounting of all service recipient records to agency staff? If so, who?

Were agency and SCDDSN policies being followed at the time of loss?

Are the service recipient and/or legal guardian aware of the record loss?

What has been done to minimize the potential harm to the service recipient as a result of the record loss? (HIPAA refers to this as mitigation.)

If records are believed stolen, has a report been made to the police? Please include a copy of the police report with the Record Loss Report.

What could have been done to prevent the loss?

Will there be revisions to your agency's policies as a result of the loss? If so, what will they be?

Do you have suggestions for changes to SCDDSN policies regarding record maintenance and security? If so, what are they?

Person Completing the Report: \_\_\_\_\_

Position Title: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**REPORT OF CIRCUMSTANCES**

SAMPLE